

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107019506** FILING DATE **10 MAY 2002**

APPLICANT(S) *Elliott*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/	/			52						
3			/	/			53						
4			/	/			54						
5			/	/			55						
6			/	/			56						
7			/	/			57						
8			/	/			58						
9			/	/			59						
10			/	/			60						
11			/	/			61						
12			/	/			62						
13			/	/			63						
14			/	/			64						
15					/		65						
16					/	/	66						
17					/	/	67						
18					/	/	68						
19					/	/	69						
20					/	/	70						
21					/	/	71						
22					/	/	72						
23					/	/	73						
24					/	/	74						
25					/	/	75						
26					/	/	76						
27					/	/	77						
28					/	/	78						
29					/	/	79						
30					/	/	80						
31					/	/	81						
32					/	/	82						
33					/	/	83						
34					/	/	84						
35					/	/	85						
36					/	/	86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3		4		TOTAL IND.						
TOTAL DEP.			17		18		TOTAL DEP.						
TOTAL CLAIMS			20		22		TOTAL CLAIMS						